## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

MR. LAND, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 233877

3877

(0)

FILED
Mar 11 1997 8:00am
Secretary of State

Principa: Place	e of Business	Mailing Address		1 HONDER AFEIN DIING ITANI CATE DANGE ALBE A	1 HODER ALEGN THING THEN TOLLE HOUSE JADE BIRM BIRM DIRLE BIRM RIVER WINTER BIRM BIRM BIRM		
4456 SE FEDEI STUART FL 34		4456 SE FEDERAL HIGHWAY STUART FL 34997-5746					
				3. Date Incorporated or Qualified 03/01/1960	3s. Date of Last Report 08/13/1996		
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-0903113	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		[27]			Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>23</b> Zip	Country	<b>28</b> Zip	Country	8. This corporation has liability for it			
24	25		10		Yes No		
[53]	9. Name and Address of Current		,,,,	10. Name and Address of New Reg			
MAR	CANTHONY,ARMAND		81 Name	alland English			
	B SE FEDERAL HIGHWAY		Marc 82 Street Ac	dress (P.O. Box Number it Not Acceptab	ارم)		
STU	ART FL 33497		1445	e SE Federal Hwy			
			83				
			84 City C.1		■ 85 Zip Code ⊿		
L			' ' 'St	uart	FL 34997		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the p	urpose of changing its registered		
agent. La	rn familiar of the accept the obligation	ions of, Section 607.0505, Flor	ida Statutes.	oration's board of directors. I hereby acception of the Marcanthony	title appointment as registered		
SIGNATURE	· 5 ~ W 5			PD '	4/12/97		
10	Signature, typied or profine name of registered agent OFFICERS AND		Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
12. THE	PD OF ICENS AND	DELETE		PD	Change Addition		
NAME	MARCANTHONY, ARMAND		1.2 NAME	Margathani Fuecas	the state of the s		
STREET ADDRESS	4456 SE FEDERAL HIGHWAY		1.3 STREET ADDRESS	Marcanthony, Eugene 1456 36 Federal Huy Stuart, FL	_		
CHTV - ST - ZIP	STUART FL		1.4 CITY - ST- ZIP	Street Flo			
Title	VD	DELETE	2.1 TITLE	V.W.G.F., 1 G	Change Addition		
NAME	MARCANTHONY, EUGENE		2.2 NAME				
STREET ADDRESS	4456 SE FEDERAL HIGHWAY		2.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		2 4 CITY~ST~ZIP				
TITLE	STD	DELETE	3.1 TITLE		Change Addition		
NAME	MARCANTHONY, ELEANOR		3.2 NAME				
STHEET ADDRESS	4456 SE FEDERAL HIGHWAY		3.3 STREET ADDRESS	Ť			
CITY ST-70P	STUART FL		3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY-ST-ZIP		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CHTY+S1+ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition		
THTUE		☐ DECEME	6.1 TITLE		Li suange Li Addition		
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS				

14. Lob hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attrichment with an address

64 CITY-ST-ZIP

**SIGNATURE** 

CITY - ST - ZIP

WONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

<sup>2</sup>/12/91

561/283-0783